

**Commonwealth of Massachusetts
The Trial Court
Superior Court Department**

_____, ss

Case No. _____

Notice of Withdrawal of Limited Appearance

_____, Plaintiff/Petitioner

v.

_____, Defendant/Respondent

(On a Complaint/Petition for _____ filed _____)

Please docket and file my Withdrawal of Limited Appearance as attorney for

_____, the Plaintiff/Petitioner Defendant/Respondent in the above
action.

Date: _____

Signature of Attorney

Type or Print Name of Attorney

Attorney's Address

Attorney's Telephone Number

City, State, Zip code

Attorney's E-mail Address

BBO No.

To the Attorney: If your client's address, telephone number, or e-mail address has been IMPOUNDED, DO NOT provide it below. Instead, write "IMPOUNDED" on the appropriate line(s) below.

Type or print Name of Party

Address (for the purpose of service)

Party's Telephone Number

City, State, Zip code

Party's E-mail Address

Date